

Index of Claims



Application No.

09/848,807

Examiner

Joseph Manoskey

Applicant(s)

IRVING, GUY B.

Art Unit

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ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | YW | | 05-07-01 |
| O.I.P.E. CLASSIFIER | | 48 | 5/24/01 |
| FORMALITY REVIEW | S | 900 | 06/09/01 |
| RESPONSE FORMALITY REVIEW | request | 925 | 07-14-01 |

INDEX OF CLAIMS

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